Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2006

				Suppleme		Medicare		
Beneficiary		Medicare		Individually Purchased	Employer-Sponsored	Both Types of	Fee-For-Service	
Characteristic	Total	Risk HMO <sup>2</sup>	Medicaid	Private Insurance	Private Insurance	Private Insurance	Only	Other
			Pei	cent of Beneficiaries Wi	th at Least One Outpatie	nt Hospital Stay		
All Beneficiaries	40.27	33.72	39.85	41.99	44.54	45.07	37.05	38.65*
	0.77	1.22	1.27	1.24	1.13	2.14	1.53	4.67
Medicare Status <sup>3</sup>								
Aged								
65 - 74 years	39.43	35.49	38.32	41.24	42.74	38.95	35.80	40.39*
	0.92	1.71	2.40	1.72	1.42	3.10	2.40	7.04
75 - 84 years	42.55	34.63	38.26	45.89	47.13	52.17	37.73	30.50*
	0.94	1.72	2.17	1.60	1.68	2.72	2.17	9.15
85 years and older	33.14	26.37	26.00	35.02	36.58	52.71*	32.42	23.39*
	1.19	2.41	3.35	2.02	2.13	6.64	2.98	10.57
Disabled								
Under 45 years	33.86	33.12*	32.57	34.39*	40.85*	18.39*	33.90	56.15*
	1.78	6.74	2.00	8.53	6.29	19.79	3.62	25.00
45 - 64 years	45.95	29.86*	50.57	42.03*	55.05	45.18*	41.24	62.43*
	2.00	4.19	2.86	8.46	3.76	14.41	3.39	13.09
Gender								
Male	39.09	34.05	34.82	41.40	42.81	41.46	38.07	36.14*
	0.85	1.56	2.04	1.53	1.33	3.21	1.79	7.59
Female	41.25	33.46	43.07	42.40	46.14	47.97	35.79	40.46*
	0.89	1.50	1.50	1.57	1.44	2.72	2.16	5.79
Living Arrangement								
Lives alone	38.45	29.87	39.91	40.45	43.55	49.32	33.75	28.26*
	0.99	1.72	1.79	1.77	1.92	4.14	2.19	7.91
With spouse	42.64	37.16	41.45	44.47	45.29	42.56	40.94	41.34*
	0.96	1.77	2.65	1.47	1.29	2.54	2.08	7.99
With children	37.26	32.95	40.50	35.37	41.14	54.08*	32.60	48.13*
	1.46	2.82	2.73	3.73	3.15	9.57	3.15	12.14
With others	35.44	25.25	37.71	32.27*	43.90	49.02*	33.49	44.92*
	1.75	2.81	2.69	4.40	4.20	10.50	4.21	16.56

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2006

				Suppleme	ntal Health Insurance		Medicare	
Beneficiary		Medicare		Individually Purchased	Employer-Sponsored	Both Types of	Fee-For-Service	
Characteristic	Total	Risk HMO <sup>2</sup>	Medicaid	Private Insurance	Private Insurance	Private Insurance	Only	Other
				cent of Beneficiaries Wi	th at Least One Outpatie			
All Beneficiaries	40.27	33.72	39.85	41.99	44.54	45.07	37.05	38.65
	0.77	1.22	1.27	1.24	1.13	2.14	1.53	4.67
Race/Ethnicity								
White non-Hispanic	41.23	35.34	40.17	42.87	45.01	44.83	37.15	31.12
· ·	0.91	1.42	1.99	1.32	1.29	2.30	1.75	4.57
Black non-Hispanic	35.84	25.66	38.61	35.43*	42.28	45.95*	35.32	42.72
	1.40	3.07	2.20	5.52	3.11	11.87	3.22	14.53
Hispanic	34.70	30.59	38.06	28.40*	38.52	47.76*	32.57*	86.16
	2.18	3.11	3.16	4.92	3.65	17.47	5.03	11.79
Other	42.13	37.75*	42.69	35.52*	44.94	55.25*	46.02*	37.26
	2.25	5.45	4.07	5.52	5.03	13.66	6.01	12.47
Income								
\$5,000 or less	30.95	24.82*	33.71	32.16*	40.65*	47.36*	24.25*	16.20
	2.47	4.87	4.25	6.30	8.27	18.93	5.17	14.73
\$5,001 - \$10,000	35.54	32.10	37.92	34.37	37.00*	54.22*	31.06	32.75
	1.29	2.89	1.43	3.53	6.18	26.94	3.55	11.60
\$10,001 - \$15,000	38.45	29.57	45.74	42.72	36.26	41.78*	35.86	41.91
	1.30	2.13	2.83	2.32	2.86	7.12	2.57	9.46
\$15,001 - \$20,000	40.68	29.07	40.36	44.31	47.90	43.20*	41.12	44.25
	1.30	2.95	4.31	2.16	2.51	7.79	3.30	11.86
\$20,001 - \$25,000	42.01	37.04	52.28*	42.47	46.09	50.30*	34.39	39.91
	1.43	3.63	7.64	2.54	2.45	7.12	3.42	13.87
\$25,001 - \$30,000	40.53	35.42	31.66*	43.11	40.79	58.87*	38.78	43.39
	1.44	3.21	10.66	3.32	2.26	5.42	3.11	19.05
\$30,001 - \$35,000	40.31	33.45	22.86*	40.68	44.37	33.90*	41.27	40.84
	1.79	3.64	10.39	3.09	2.62	6.28	5.37	27.57
\$35,001 - \$40,000	41.04	39.47	14.02*	34.33	46.86	41.31*	39.86*	
	1.90	4.31	14.26	3.14	3.04	7.35	4.01	
More than \$40,000	45.53	40.86	60.00*	46.31	47.20	45.45	42.86	25.61
	1.21	2.89	16.12	2.26	1.81	2.88	3.58	17.75

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2006

				Suppleme	ntal Health Insurance		Medicare	
Beneficiary		Medicare		Individually Purchased	Employer-Sponsored	Both Types of	Fee-For-Service	
Characteristic	Total	Risk HMO <sup>2</sup>	Medicaid	Private Insurance	Private Insurance	Private Insurance	Only	Other
			Per	cent of Beneficiaries Wi	th at Least One Outpatie	nt Hospital Stay		
All Beneficiaries	40.27	33.72	39.85	41.99	44.54	45.07	37.05	38.65*
	0.77	1.22	1.27	1.24	1.13	2.14	1.53	4.67
Health Status								
Excellent	30.24	27.36	22.86*	32.59	33.18	32.62*	25.62	25.42*
	1.12	2.41	3.82	2.33	2.02	4.64	2.63	14.47
Very Good	39.21	35.01	35.56	41.95	42.03	40.55	35.90	29.50*
	0.97	2.17	2.46	1.79	1.53	3.41	2.60	8.37
Good	41.04	33.67	34.88	44.68	46.85	51.53	36.57	43.86*
	1.01	1.85	2.02	2.12	1.66	3.34	2.41	7.57
Fair	44.30	35.27	43.21	46.56	50.35	61.19*	42.83	44.30*
	1.37	3.18	2.31	3.09	2.54	9.18	3.07	11.39
Poor	48.84	38.24	49.76	47.33	58.24	58.35*	44.97	42.30*
	1.86	4.23	2.86	4.28	3.83	11.25	3.91	14.22
Functional Limitation								
None	36.14	32.18	31.96	39.50	39.50	41.48	30.16	25.01*
	0.91	1.48	2.22	1.33	1.31	2.59	1.96	7.04
IADL only	43.70	32.53	39.61	47.45	51.14	47.68*	43.19	48.71*
	1.24	3.34	2.21	2.36	2.50	5.66	3.08	10.07
One to two ADLs	46.06	36.59	48.49	46.49	51.54	53.69	42.91	42.89*
	1.25	2.61	2.46	2.50	1.93	4.29	2.71	12.78
Three to six ADLs	45.02	38.23	42.01	40.66	52.74	50.96*	48.52	62.28*
	1.40	3.59	3.08	4.15	2.92	8.32	3.30	12.97

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2006

			Supplemental Health Insurance				Medicare				
Beneficiary		Medicare		Individually Purchased	Employer-Sponsored	Both Types of	Fee-For-Service				
Characteristic	Total	Risk HMO <sup>2</sup>	Medicaid	Private Insurance	Private Insurance	Private Insurance	Only	Other			
		Percent of Beneficiaries With at Least One Outpatient Hospital Stay									
All Beneficiaries	40.27	33.72	39.85	41.99	44.54	45.07	37.05	38.65*			
	0.77	1.22	1.27	1.24	1.13	2.14	1.53	4.67			
Metropolitan Area Resident											
Yes	38.34	33.44	38.31	39.34	41.45	43.25	37.12	37.28*			
	0.68	1.27	1.31	1.19	1.23	2.42	1.50	5.30			
No	46.41	37.88	43.23	48.07	54.09	53.47	36.91	43.54*			
	2.39	4.63	2.76	2.87	2.52	4.89	3.62	10.36			

Source: Medicare Current Beneficiary Survey

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

<sup>1</sup> The term *community residents* includes beneficiaries who resided in the community at the time of the round 37 interview (fall 2003), and beneficiaries who resided in the community at the time of the round 34 interview (fall 2002) who died prior to the round 37 interview.

<sup>2</sup> HMO stands for Health Maintenance Organization.

<sup>3</sup> Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2006

				Suppleme	ental Health Insurance		Medicare	
Beneficiary		Medicare		Individually Purchased	Employer Sponsored	Both Types of	Fee-For-Service	
Characteristic	Total	Risk HMO <sup>2</sup>	Medicaid	Private Insurance	Private Insurance	Private Insurance	Only	Other
			F	Percent of Beneficiaries	With at Least One Phys	ician Service		
All Beneficiaries	90.68	92.17	88.45	93.62	93.50	96.62	80.11	87.57
	0.36	0.68	0.93	0.56	0.46	0.80	1.09	3.40
Medicare Status <sup>3</sup> Aged								
65 - 74 years	89.89	90.82	88.68	92.21	92.51	96.95	77.71	85.34
oo 74 years	0.48	1.19	1.68	0.90	0.81	1.00	1.78	4.68
75 - 84 years	92.73	93.26	90.04	94.70	94.37	96.80	84.35	90.91
	0.46	0.81	1.72	0.70	0.60	1.09	1.69	4.48
85 years and older	92.74	92.90	85.79	95.32	94.98	98.71	85.94	88.55
, , , , , , , , , , , , , , , , , , , ,	0.60	1.60	2.30	0.82	0.95	1.29	2.34	8.41
Disabled								
Under 45 years	81.24	87.63	81.61	89.56*	92.90	100.00*	68.54	81.65
·	1.33	3.10	1.43	5.45	2.67	0.00	4.05	18.82
45 - 64 years	89.69	95.23	91.81	94.03*	94.23	81.89*	80.19	86.07
	0.87	1.62	1.58	3.48	1.87	12.08	2.13	8.10
Gender								
Male	88.82	90.43	83.72	92.60	93.35	95.98	78.16	81.34
	0.45	1.10	1.45	0.87	0.71	1.42	1.34	5.89
Female	92.23	93.52	91.49	94.33	93.63	97.14	82.52	92.07
	0.45	0.74	1.15	0.67	0.64	0.91	1.61	3.10
Living Arrangement								
Lives alone	89.56	91.71	86.26	93.73	93.34	96.88	77.80	87.06
	0.63	1.34	1.51	0.96	0.92	1.49	2.16	6.05
With spouse	92.17	92.13	92.88	93.92	93.52	96.83	83.89	89.19
	0.40	0.93	1.15	0.63	0.60	1.00	1.38	5.26
With children	89.31	94.59	89.35	89.61	93.92	92.85*	76.24	100.00
	0.87	1.43	1.57	2.03	1.46	5.13	2.57	0.00
With others	86.93	90.35	87.30	95.76	93.27	95.09*	73.37	64.52
	1.01	2.59	1.29	1.72	2.02	4.36	3.20	15.58

Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2006

				Suppleme		Medicare		
Beneficiary		Medicare		Individually Purchased	Employer Sponsored	Both Types of	Fee-For-Service	
Characteristic	Total	Risk HMO <sup>2</sup>	Medicaid	Private Insurance	Private Insurance	Private Insurance	Only	Other
			P	ercent of Beneficiaries	With at Least One Phys	cian Service		
All Beneficiaries	90.68	92.17	88.45	93.62	93.50	96.62	80.11	87.57
	0.36	0.68	0.93	0.56	0.46	0.80	1.09	3.40
Race/Ethnicity								
White non-Hispanic	91.25	91.92	88.53	93.90	93.57	97.07	80.75	92.90
	0.45	0.85	1.43	0.57	0.50	0.68	1.36	2.44
Black non-Hispanic	88.53	92.43	86.12	92.29	94.23	93.93*	81.99	76.41*
	0.82	2.05	1.80	2.74	1.88	5.94	2.42	14.99
Hispanic	88.44	93.29	87.40	87.16	92.92	85.31*	73.82	96.24*
	1.02	1.37	2.13	3.89	2.80	13.44	4.87	6.28
Other	89.00	91.41	94.39	92.00	90.36	92.32*	73.56	70.98*
	1.52	2.89	1.55	3.29	4.07	7.76	5.05	11.85
Income								
\$5,000 or less	81.88	89.10	76.27	91.98	97.03	100.00*	69.67	100.00*
	2.02	3.02	3.55	5.53	2.03	0.00	5.48	0.00
\$5,001 - \$10,000	87.28	93.51	89.22	88.76	87.19	100.00*	71.07	76.35*
	0.80	1.11	1.03	2.41	4.82	0.00	3.04	12.23
\$10,001 - \$15,000	89.86	91.00	89.63	94.59	93.54	100.00*	80.25	90.70*
	0.62	1.74	1.31	1.07	1.38	0.00	2.11	4.92
\$15,001 - \$20,000	92.10	94.83	94.28	92.79	91.96	98.31	85.00	95.80*
	0.78	1.24	1.88	1.60	1.19	1.75	1.86	3.91
\$20,001 - \$25,000	91.72	90.51	91.36*	94.32	94.98	93.73	82.19	79.41*
	0.89	2.32	3.71	1.33	1.00	3.03	2.77	11.88
\$25,001 - \$30,000	90.45	93.84	88.71*	92.70	93.26	100.00	75.69	83.28*
	1.07	1.48	6.72	1.80	1.51	0.00	3.93	11.62
\$30,001 - \$35,000	89.22	86.81	88.30*	90.61	91.71	93.21	82.15	84.41*
	1.33	2.89	7.41	2.45	1.48	3.13	3.68	19.44
\$35,001 - \$40,000	93.22	93.41	94.87*	95.47	93.54	94.29	85.93	100.00*
	0.81	2.07	6.86	1.35	1.40	3.22	2.50	0.00
More than \$40,000	93.99	92.89	56.88*	95.49	94.76	97.26	86.79	81.66*
	0.62	1.68	18.80	1.09	0.86	0.95	2.32	14.19

Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2006

	Supplemental Health Insurance Me							
Beneficiary		Medicare		Individually Purchased	Employer Sponsored	Both Types of	Fee-For-Service	
Characteristic	Total	Risk HMO <sup>2</sup>	Medicaid	Private Insurance	Private Insurance	Private Insurance	Only	Other
			Р	ercent of Beneficiaries	With at Least One Physi	cian Service		
All Beneficiaries	90.68	92.17	88.45	93.62	93.50	96.62	80.11	87.5
	0.36	0.68	0.93	0.56	0.46	0.80	1.09	3.40
Health Status								
Excellent	83.79	87.61	75.24	88.12	86.24	91.17	67.62	76.37
	0.97	2.18	3.95	1.79	1.65	2.76	2.89	13.96
Very Good	91.09	90.89	84.71	93.80	93.69	98.61	80.38	84.16
	0.55	1.07	2.25	0.81	0.88	0.69	2.41	7.66
Good	92.19	93.22	88.07	95.08	95.37	97.12	82.40	93.34
	0.54	1.03	1.36	0.88	0.66	1.36	1.98	3.79
Fair	91.85	94.36	89.62	96.33	95.07	95.89	82.94	88.19
	0.66	1.24	1.37	0.91	1.07	2.90	2.60	7.14
Poor	93.16	96.23	92.89	96.05	97.18	100.00*	86.08	87.40
	0.80	1.59	1.54	1.93	1.02	0.00	2.06	8.95
Functional Limitation								
None	88.73	90.24	85.54	91.63	92.16	95.58	74.40	85.92
	0.52	1.09	1.81	0.85	0.69	1.03	1.71	5.11
IADL only	92.25	94.66	86.57	98.08	94.68	96.53	85.89	84.79
	0.65	1.24	1.60	0.73	1.14	2.45	2.20	8.38
One to two ADLs	93.60	93.85	92.27	95.76	96.00	99.42	86.79	90.17
	0.43	1.02	1.10	0.85	0.95	0.57	1.57	6.00
Three to six ADLs	92.75	96.68	90.68	95.38	94.90	100.00*	86.23	93.47
	0.91	1.26	1.65	1.47	1.41	0.00	2.00	6.50

Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2006

				Suppleme	ental Health Insurance		Medicare			
Beneficiary		Medicare		Individually Purchased	Employer Sponsored	Both Types of	Fee-For-Service			
Characteristic	Total	Risk HMO <sup>2</sup>	Medicaid	Private Insurance	Private Insurance	Private Insurance	Only	Other		
		Percent of Beneficiaries With at Least One Physician Service								
All Beneficiaries	90.68	92.17	88.45	93.62	93.50	96.62	80.11	87.57		
	0.36	0.68	0.93	0.56	0.46	0.80	1.09	3.40		
Metropolitan Area Resident										
Yes	91.33	92.35	88.45	94.27	93.94	97.16	81.11	89.85		
	0.31	0.72	0.88	0.55	0.52	0.79	1.28	3.44		
No	88.61	89.52	88.48	92.11	92.14	94.17	77.81	79.40*		
	1.15	2.06	2.15	1.35	1.05	2.34	2.00	10.19		

Source: Medicare Current Beneficiary Survey

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

<sup>1</sup> The term *community residents* includes beneficiaries who resided in the community at the time of the round 37 interview (fall 2003), and beneficiaries who resided in the community at the time of the round 34 interview (fall 2002) who died prior to the round 37 interview

<sup>2</sup> HMO stands for Health Maintenance Organization.

<sup>3</sup> Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."